

Image# 201903059145611525

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) CAIRNS, CELESTE, , ,		2. Candidate's FEC Identification Number H0NC03206
(b) Address (number and street) <input type="checkbox"/> Check if address changed PO BOX 5115		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code EMERALD ISLE NC 28594		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate NC 03

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2019 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) CELESTE CAIRNS FOR CONGRESS	
(b) Address (number and street) PO BOX 5115	
(c) City, State, and ZIP Code EMERALD ISLE NC 28594	

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)	
(b) Address (number and street)	
(c) City, State, and ZIP Code	

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate CAIRNS, CELESTE, , , <i>[Electronically Filed]</i>	Date 03/05/2019
---	--------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F2N
Transaction ID :

2019 Special Election.

Form/Schedule:
Transaction ID: